

## **UST/LUST**

### **UNDERGROUND STORAGE TANKS/ LEAKING UNDERGROUND STORAGE TANK REGULATIONS**

An Underground Storage Tank (UST) is a tank and any underground piping connected to the tank that has at least 10 percent of its combined volume underground.

#### **UNREGULATED UST'S**

The following types of tanks are **not** regulated under 40 CFR Part 280 (Technical Standards and Corrective Action Requirements for Owners and Operators of Underground Storage Tanks):

1. Farm and residential tanks of 1,100 gallons or less capacity holding motor fuel used for noncommercial purposes.
2. Tanks storing heating oil used on the premises where it is stored.
3. Tanks on or above the floor of underground areas, such as basements or tunnels.
4. Septic tanks and systems for collecting storm water and wastewater.
5. Flow-through process tanks (such as oil-water separators).
6. Emergency spill and overfill tanks.

#### **EXCLUSIONS**

The following types of tanks are excluded from regulation.

1. De minimus exclusion -
  - UST's with a capacity of 110 gallons or less, (If there are two or more UST's on site that contain the same substance, then even if the UST's individually have a capacity less than 110 gallons, they are nevertheless regulated if together their capacity exceeds 110 gallons).
  - UST's with a de minimis concentration of regulated substances,
  - Any emergency spill or overflow USTs used for containment that are expeditiously emptied.
2. UST's that were taken out of operation before January 1, 1974.

**Although the above excluded and unregulated UST's require no notification, if a release of material is found when removing these tanks, then the release must be reported and corrective action taken to clean up the release.**

## REQUIREMENTS FOR DISCOVERY OF UNREGISTERED/UNKNOWN USTS

1. UST discovered during construction  
**Unregulated UST's** - Include known information about the UST in the *UST System Closure Report* to IDEM; environmental sampling is **not** required by IDEM.  
**Regulated UST's** - Contact IDEM, UST Section, for a waiver of the 30-day advance notification of closure. When a waiver is granted, conduct closure activities as required and include information about the UST on a *Notification for Underground Storage Tanks* form (State Form 45223) and in the *UST System Closure Report* submitted to IDEM.
2. UST discovered prior to closure request  
**Unregulated UST's** - Notification to IDEM is **not** required.  
**Regulated UST's** - Include information about the UST on a *Notification for Underground Storage Tanks* form (State Form 45223), when requesting closure. IDEM will assign a Facility I.D. number.
3. UST discovered during UST closure approved by IDEM  
**Unregulated UST's** - Include known information about the UST in the *UST System Closure Report* submitted to IDEM; environmental sampling is **not** required by IDEM.  
**Regulated UST's** - Conduct closure activities as required and include information about the UST on a *Notification for Underground Storage Tanks* form (State Form 45223) and in the *UST System Closure Report* submitted to IDEM. IDEM does not need to be notified at the time of discovery of the UST.

**During any closure, if a release is discovered, it must be reported to IDEM within 24 hours at (317)232-8900. If any emergency conditions exist (i.e. vapors found in buildings, drinking water source impacted, or if free product is present, etc.), then owners or operators must report this to the emergency response branch at:**

**(317)233-spill(7745).**

### UST CLOSURES

There are three types of closure:

1. Removal
2. In-place closure
3. Change-in-service closure

## UST SYSTEM REMOVAL

- a. All regulated UST systems must be registered with IDEM UST Branch.
- b. Notification of intent to close must be given at **least 30 days before closure** begins (*Notification for Underground Storage Tanks* - State Form 45223).
- c. IDEM UST Branch will respond in writing with the closure approval date (closure approval letter will expire 90 days after date given). Closure approval letter **must** be kept on-site at all times.
- d. A contractor or individual certified through the Office of the State Fire Marshall (OSFM) must be on-site while all UST work is being conducted.
- e. In addition to the 30 day notice, it is required that the IDEM UST Section be given at least **14 days prior notice (by phone)** of the intended closure date (317) 308-3386.
- f. At least **14 days before closure, both the OSFM and the local fire department** must be notified.
- g. An UST system closure site assessment must be performed to determine if contamination is present.
- h. Within **30 days after permanent closure**, a completed *Notification for Underground Storage Tanks* form (State Form 45223), and a *UST System Closure Site Assessment Report* must be filed with IDEM UST Branch.

## UST SYSTEM IN-PLACE/CHANGE-IN-SERVICE CLOSURE

- a. If actual removal is extremely difficult (e.g., UST found underneath or near building foundations), an UST system in-place closure may be acceptable. An UST system change-in-service is required if the UST will continue to be used, but will hold an unregulated substance. In addition to the requirements for UST system removal, the following is required:
  1. An in-place closure requires written approval from both IDEM and OSFM, but for a change-in-service written approval is required only from IDEM (approval letters must be kept on-site at all times during closure).
  2. Sampling results must be submitted to the IDEM UST section before approval will be granted.
  3. An in-place closure or a change-in-service may not begin until written approval from the IDEM UST Section has been received by the owner.

## LEAKING UNDERGROUND STORAGE TANK (LUST) NOTIFICATION

The following circumstances require LUST program notification by phone within 24 hours:

- a. Soil contamination levels of greater than 100 ppm TPH on-site and greater than non-detect off-site.
- b. Groundwater impacted
- c. Free product is present
- d. IDEM determines site conditions warrant.

Report releases to the following telephone numbers:

- a. (317) 232-8900 (**phone**)
- b. (317) 234-0428 (**fax**)
- c. (317) 233-7745 (**24 hr. emergency hotline**)
  1. **If the following emergency conditions exist call immediately.**
    - (a). inhabitable building affected
    - (b). drinking water affected
    - (c). utility conduits affected
    - (d). free product present

## OVER EXCAVATION

Over excavation is a common remedial plan for low priority sites, or sites where an in-situ remediation technique is not an option due to ongoing construction activity. Over excavation is not appropriate when:

- a. Contaminated soil is overlain by a considerable thickness of clean soil, and/or
- b. More soil is contaminated than is economically practical to treat on-site/off-site or to dispose of in an industrial waste landfill (EPA has indicated that, generally, hauling more than **1500 cubic yards** of petroleum contaminated soil to a landfill is uneconomical).
- c. In situations where contamination extends more than 15 feet from the tank pit, use other common field investigative techniques such as blind drilling, test pits, soil gas surveys, to determine the extent of contamination before proceeding with additional excavation.
- d. All soil from borings, or excavated from test pits or trenches must be placed on plastic, bermed, and covered with plastic. Contaminated soil can be returned to the excavation and test pits only if they will be remediated in the future.

## UST SYSTEM CLOSURE SITE ASSESSMENT

A UST System Closure Site Assessment is required for all regulated UST system closures.

## ENVIRONMENTAL SAMPLING - SOIL

- a. Samples must be taken from natural soils in areas where contamination is most likely to occur. **NO COMPOSITE SAMPLES ACCEPTED!**
- b. Sample natural soil beneath each UST in the excavation (2 samples for each tank 10,000 gallons or less, and 3 samples for each tank greater than 10,000 gallons).
- c. Sample natural soil along excavation sidewalls at points one-half the distance between the surface level and the bottom of the excavation (one sample per every 20 feet of horizontal distance around the entire excavation). Excavations where the total horizontal distance is less than 80 feet will require one sample per sidewall (minimum of four sidewall samples per excavation).
- d. Piping/pump island sampling must be performed.
  - 1. Sample every 20 feet along piping runs, or if the piping is to be excavated, sample under piping elbows and connectors or beneath piping sections where leaks are known or suspected (minimum one piping and one pump island sample required).
  - 1. If the piping run is less than twenty (20) feet, one (1) sample must be taken at half the distance between the UST and the fill area (e.g., pump or dispenser island).
- e. Pump island/piping sampling is not required if pump island and all subsequent piping are located directly above the tank.
- f. Additionally, sample all points where odors or soil discolorations indicate soil contamination.
- g. Backfill material must be analyzed for contamination (one sample per 100 cubic yards of soil removed).
- h. Excavated soil must be stored in a separate area and all samples taken from it must be
  - 1. discrete grab samples, and
  - 1. one sample must be taken for every fifty (50) cubic yards of soil.
- h. If contaminated material is to be taken to an industrial waste landfill or an approved treatment facility, then contact the facility for sampling requirements.
- h. If groundwater is encountered within the excavation, then substitute one groundwater sample for a bottom soil sample.
- h. For UST System In-Place and Change-in-Service Closure see sampling requirements in *IDEM UST Branch Guidance Manual*.

## ENVIRONMENTAL SAMPLING - GROUNDWATER

Groundwater samples are required where the possibility of groundwater contamination exists. Groundwater contamination is suspected where at least one of the following exists:

- a. Soil samples (on or off-site) that are in contact with groundwater indicate detectable levels of contamination.
- b. Surface waters are impacted.
- c. Groundwater is present in tank pit, soil borings or excavations (on-site or off-site).
- d. Groundwater is present in underground storage tank.

Groundwater sampling requires that one (1) boring, geoprobe, or other punch technology be placed

- a. in each of the four principle directions,
- a. between zero (0) and ten (10) feet of each source area, and
- a. to a total depth of thirty (30) feet below grade.

### **LAB ANALYSIS - COST**

IDEM does not recognize field investigation or field analytical techniques as final site confirmation, samples must be collected for laboratory analysis.

- a. Soil TPH (Gasoline) \$90 - \$125/sample
- b. Groundwater BTEX (Gasoline) \$95 - \$125/sample

### **LUST SITE INVESTIGATION REPORT**

The goal of the LUST Site Investigation is to define the extent of the contamination.

- a. *LUST Site Investigation Report* must be submitted within **45 days of initial notification**. If at any time **emergency conditions** exist at the site, then a partial report is due at IDEM within **20 days from incident knowledge**.
- b. Contents of *LUST Site Investigation Report*:
  1. Background Information
  2. Incident Description
  3. Initial Response/Abatement and Free Product Removal
  4. Investigations (Regional & Site Specific Information)
  5. Sampling
  6. Results and Conclusions
  7. Recommendations
- c. *LUST Site Investigation Report* guidelines and specific requirements are available through the Division of Operations

Support, or by obtaining a copy of the *IDEM UST Branch Guidance Manual*.

### **LUST SITE CORRECTIVE ACTION PLAN**

A Corrective Action Plan (CAP) must be developed for all sites with soil and/or groundwater contamination.

- a. The CAP is due **90 days after the LUST Site Investigation report is approved by IDEM.**
- b. Contents of Corrective Action Plan:
  1. Executive Summary
  2. Contaminant and Site Conditions
  3. Health and Safety Plan
  4. Maps
  5. Selected Remediation Technology
  6. Sampling Plan
  7. Time Table
  8. Progress Reporting (at least quarterly)
- c. LUST Site Corrective Action Plan guidelines and specific requirements are available through the Division of Operations Support, or by obtaining a copy of the *IDEM UST Branch Guidance Manual*.

Land Treatment, a common remediation method for excavated petroleum contaminated soils, is an alternative to land filling that provides "clean" fill material as an end product. Land Treatment guidelines are available from the Division of Operations Support, or from the IDEM Underground Storage Tank Branch.

### **LUST SITE CLEANUP OBJECTIVES**

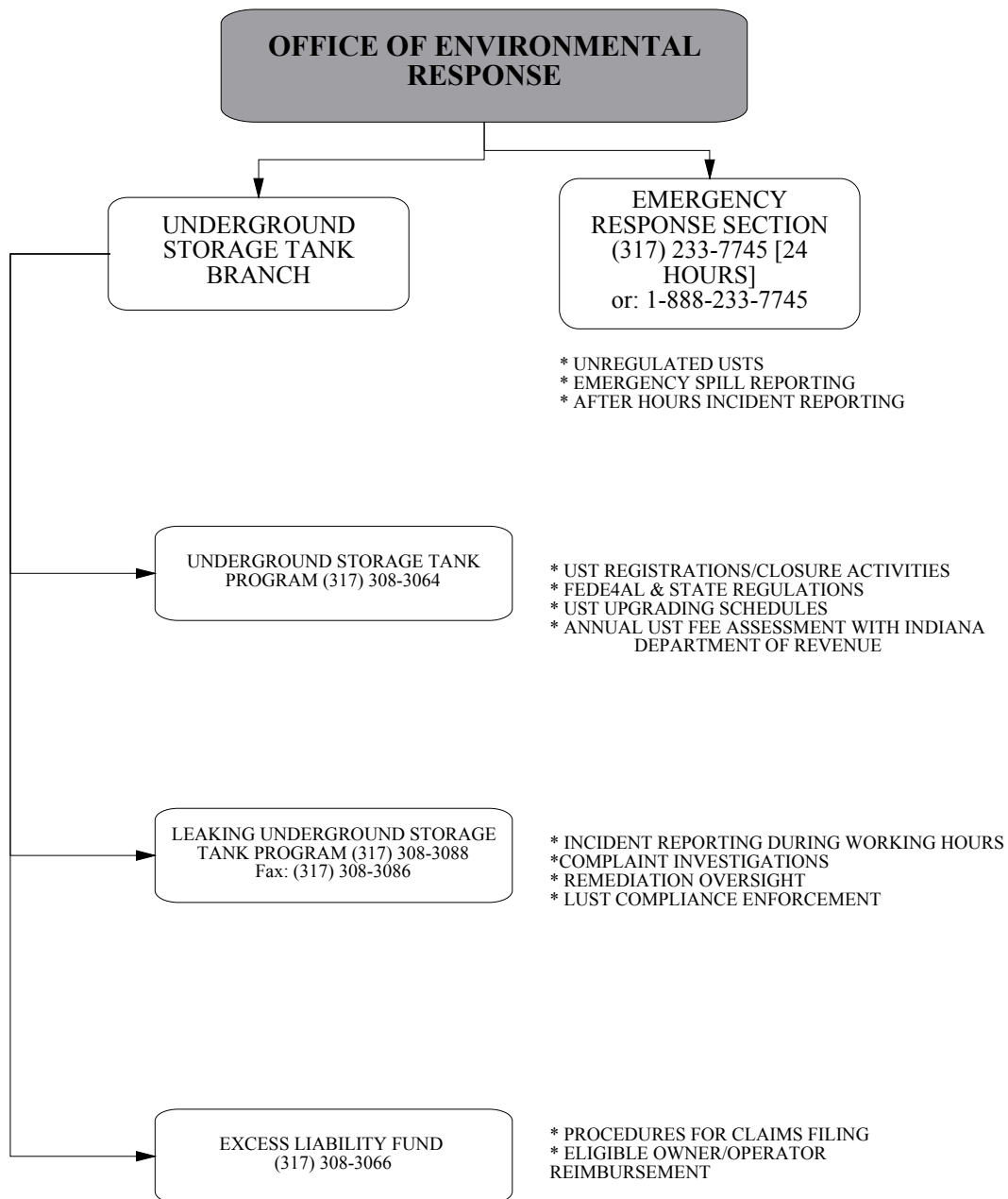
- a. **Soil:**
  - (1). Removal of all visible/odorous contaminated soil;
  - (2). TPH levels of less than 100 ppm for on-site areas; and
  - (3). TPH levels less than non-detect (20 ppm TPH) for off-site areas.

Soils contaminated with waste oil must also meet site specific cleanup objectives (set by IDEM) for VOC, SVOCs, PCB's, and metals.

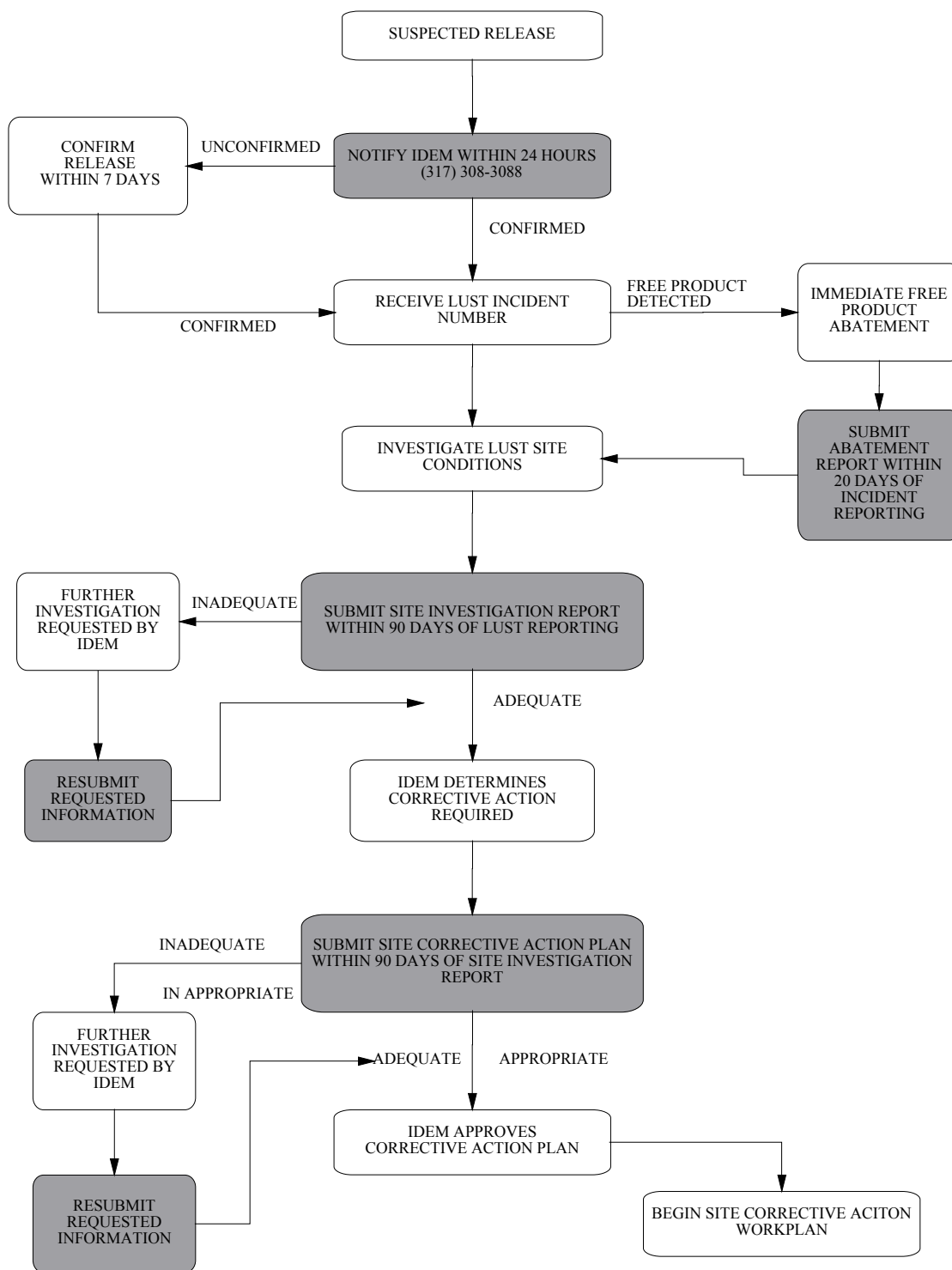
- b. **Groundwater:**
  - (1). Gasoline and Kerosene Contamination  
(The objective is to meet US EPA Maximum Contaminant Levels (MCLs) for every known groundwater contaminant constituent)
    - (a). Benzene 5 ppb (parts per billion)

- (b). Toluene 1,000 ppb
- (c). Ethylbenzene 700 ppb
- (d). Xylene 10,000 ppb
- (2). Naphtha and Diesel Contamination
  - (a). Benzene 5 ppb
  - (b). Ethylbenzene 700 ppb
  - (c). Toluene 1,000 ppb
  - (d). Xylene 10,000 ppb
  - (e). Total SVOC 100 ppb
- (3). Waste Oil Contamination
  - (a). TPH 1,000 ppb
  - (b). VOC MCLs
  - (c). Total SVOC MCLs
  - (d). PCB's MCLs
  - (e). Metals MCLs





## SIMPLIFIED ORGANIZATIONAL CHART



**INCIDENT REPORTING FLOWCHART**

<b>NOTIFICATION FOR UNDERGROUND STORAGE TANKS</b>																																									
Return Completed Form To	Indiana Department of Environmental Management Office of Environmental Response, UST Branch N1255, 100 North Senate Avenue LUST (317)233-6418 Indianapolis, Indiana 46207-7015 UST: (317)233-6419					Facility ID Number																																			
						Owner ID Number																																			
						Federal ID Number																																			
						EPA ID Number																																			
<b>A</b> Notification is required by Federal and State laws for all storage tanks that are operational or have been used to store regulated substances since January 1, 1974. The information requested is required by Section 9002 of the Resource conservation and Recovery Act (RCRA) and Indiana Code 329 IAC 9, as amended. Specific detailed instruction for the completion of this form may be found in the Underground Storage Tank Branch Guidance Manual (Rev. 9/94), on page 5 of this form or by contacting the UST Branch at the above address.																																									
<b>TYPE OF NOTIFICATION</b>																																									
THIS NOTIFICATION FORM PROVIDES INFORMATION FOR (CHECK ALL THAT APPLY):																																									
<input type="checkbox"/> A NEW FACILITY				<input type="checkbox"/> A CHANGE OF OWNERSHIP				<input type="checkbox"/> A TEMPORARY CLOSURE																																	
<input type="checkbox"/> A NEW OWNER				<input type="checkbox"/> A SYSTEM UPGRADE				<input type="checkbox"/> A REQUEST FOR CLOSURE																																	
<input type="checkbox"/> A NEW TANK				<input type="checkbox"/> AN ADDRESS CHANGE				<input type="checkbox"/> A PERMANENT CLOSURE																																	
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FACILITY NAME		FACILITY I.D.		PAGE		OF			
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<b>E</b>	COMPLETE A COLUMN FOR EACH TANK ATTACH ADDITIONAL SHEETS WHEN THE NUMBER OF TANKS EXCEEDS SIX.								
	SEQUENTIAL TANK NUMBER								
	OWNER SPECIFIED TANK NUMBER								
	DATE INSTALLED		___/___/___	___/___/___	___/___/___	___/___/___	___/___/___		
	CAPACITY (GALLONS)								
<b>F</b>	COMPLETE ONLY ONE OF A, B, OR C.	<b>A. CURRENTLY IN USE</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		DATE BROUGHT INTO USE		___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
		<b>B. TEMPORARILY OUT OF USE</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		DATE LAST USED		___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
		<b>C. PERMANENTLY OUT OF USE</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A, B, OR C MUST BE COMPLETED IF SECTIONS D OR E ARE SELECTED	DATE REMOVED FROM GROUND		___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
		DATE FILLED IN-PLACE		___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
		<b>D. REQUESTING CLOSURE</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		TO BE REMOVED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		TO BE FILLED IN-PLACE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>E. CHANGE-IN-SERVICE</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	REGULATED TO UNREGULATED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	UNREGULATED TO REGULATED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>G</b>	SUBSTANCE CURRENTLY OR LAST STORED (COMPLETE ONLY ONE OF A, B, OR C)	<b>A. PETROLEUM</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		DIESEL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		KEROSENE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		GASOLINE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		USED OIL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		OTHER (specify)		_____	_____	_____	_____	_____	_____
		<b>B. HAZARDOUS SUBSTANCE</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERCLA SUBSTANCE or		_____	_____	_____	_____	_____	_____		
Chemical Abstract Service Number		_____	_____	_____	_____	_____	_____		
MIXTURE OF SUBSTANCES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>C. UNKNOWN</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>H</b>	<b>TANK CONSTRUCTION</b>	STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		CONCRETE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		FIBERGLASS/PLASTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		OTHER (specify)	_____	_____	_____	_____	_____	_____	
	<b>INTERNAL PROTECTION</b>	INTERIOR LINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		NONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		OTHER (specify)	_____	_____	_____	_____	_____	_____	
	<b>EXTERNAL PROTECTION</b>	CATHODIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		PAINTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		FIBERGLASS/PLASTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		NONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	OTHER (specify)		_____	_____	_____	_____	_____	_____	
<b>I</b>	<b>TYPE</b>	BARE STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		GALVANIZED STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		CATHODIC PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		OTHER (specify)	_____	_____	_____	_____	_____	_____	
	<b>METHOD</b>	PRESSURIZED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		EUROPEAN SUCTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		AMERICAN SUCTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

FACILITY NAME		FACILITY I.D.		PAGE	OF
DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEMS (CONTINUED)					
COMPLETE A COLUMN FOR EACH TANK		ATTACH ADDITIONAL SHEETS WHEN THE NUMBER OF TANKS EXCEEDS SIX.			
Sequential Tank Number					
J	Manual Tank Gauging Tank Tightness Testing With Inventory Controls Automatic Tank Gauging Vapor Monitoring Ground Water Monitoring Interstitial Monitoring Within a Secondary Barrier Automatic Line Leak Detectors Line Tightness Testing Statistical Inventory Reconciliation (SIR) Another Method (Please specify below)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
K	For Coated Steel Tanks with Cathodic Protection - Impressed Current Sacrificial Anodes For Coated Steel Piping with Cathodic Protection - Impressed Current Sacrificial Anodes Another Method (Please specify below)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
L	Catchment Basins Automatic Shutoff Devices Overfill Alarms Ball Float Valves Another Method (Please specify below)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
M	Indicate compliance specific to this installation, upgrade, or closure Installer is certified by the tank and piping manufacturers. Contractor is certified by the Office of the State Fire Marshal. Work inspected/certified by a registered professional engineer. Work inspected by the Office of the State Fire Marshal. All work has been completed. Another method of compliance was used (specify below)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CERTIFICATION OF FINANCIAL RESPONSIBILITY					
N	I have financial responsibility in accordance with Subtitle I, Subpart H (Specify below).				
	<input type="checkbox"/> Self-insurance <input type="checkbox"/> Insurance & Risk Retention Group Coverage <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Guarantee <input type="checkbox"/> Surety Bond	<input type="checkbox"/> Letter of Credit <input type="checkbox"/> Local Government - Bonding Rating Test <input type="checkbox"/> Local Government - Financial Test <input type="checkbox"/> Local Government - Guarantee <input type="checkbox"/> Local Government - Fund			
30 - DAY REQUEST FOR TANK CLOSURE					
O	To request a tank closure, mark the Request for Closure oval in Type of Notification of Section A, complete sections B, C, E, and mark D. REQUESTING CLOSURE in section F. Complete the remaining section (G-N) and fill in the requested information below.				
PROPOSED CONTRACTOR			LUST INCIDENT INFORMATION		
CONTRACTOR NAME			LUST INCIDENT NUMBER, IF APPLICABLE		
MAILING ADDRESS			DATE INCIDENT REPORTED		
CITY			NOTE: Any tank closures must be performed by persons certified by the Indiana State Marshal. City/County Fire Departments, the Indiana State Fire Marshal, and IDEM's UST Section must be notified 14 days prior to closure. Please report to the Leaking Underground Storage Tank Section at (317) 233-6418 if signs of soil or groundwater contamination are observed.		
STATE					
ZIP CODE	TELEPHONE				
CONTACT PERSON	CERTIFICATION NUMBER				
Indiana State Fire Marshal (317) 232-2222					

## INSTRUCTIONS FOR THE NOTIFICATION FOR UNDERGROUND STORAGE TANKS

This instruction page will provide you with general information on how to complete the Notification For Underground Storage Tanks form. Each section is referenced with a letter corresponding to the letter of the instructions in the left column of this page. This information is in no way complete and conflicting information pertaining to this form contained in the Underground Storage Tank Branch Guidance Manual takes precedence. For further instructions, a detailed explanation of each section can be found in the Guidance Manual.

<b>Headers</b>	If you know the Facility, Owner, Federal or EPA Identification numbers, please write these in the spaces provided in the header of the first page. Please write the Facility Identification number and county of the facility's location along the lower right-hand
<b>A.</b>	<b>General Information</b> (A short description of the Federal and State laws and their references can be found here..) <u>Type of Notification</u> - Indicate the purpose of this notification by filling in the circle next to the desired type.
<b>B.</b>	<b>Ownership of Tanks</b> Owner of Tanks - All Notifications must contain ownership information. Indicate the name, mailing address, city, state, zip code, and telephone number of the <b>owner of the tanks</b> at the facility. <u>Operator of Facility</u> - Complete this section if the operator of the facility is different from the owner.
<b>C.</b>	<b>Location of Tanks</b> Tank/Facility Location - Must contain a facility name. If the facility location is different than the mailing address, indicate this location in the space provided. <u>Type of Owner</u> - Check the type of owner that applies to the facility and give the effective date of ownership. <u>Type of Operation</u> - Check the type of operation that applies to the facility and give the geographical coordinates of the facility (these can be obtained from the county assessor's office). <u>Geographical Coordinates</u> - These coordinates can be obtained from a quadrangle map of the area containing the facility. Potential sources are Indiana Department of Natural Resources quadrangle maps, your county's surveyor's office, and the US Geological Survey. These data are optional.
<b>D.</b>	<b>Certification and Contacts (All signatures must be in ink)</b> <u>Consultant/Contractor compliance certification</u> - to be completed by the consultant/contractor who performed the installation/closure or upgrade being reported on this notification. This section <b>Does not</b> need to be completed for a request for closure or change of ownership notification. <u>Contact at Tank Location</u> - A contact's name, title, and telephone number at the tank location is indicated here. <u>Owner Certification</u> - Must be completed by the owner or authorized representative (letter signed by owner authorizing signatory authority must accompany <u>each</u> notification signed by the authorized representative). <u>Number of Tanks at this location</u> - Total number of tanks currently in use or temporarily out of use (or have undergone a change-in-service). Do <u>not</u> list those tanks that are permanently out of use. <u>Number of pages attached to this notification</u> - total number of pages attached (i.e. Pages 2 & 3 may need to be copied when there are more than six tanks for which there is information provided in this notification).
<b>E.</b>	<b>General</b> Each column of the Tank information pages is dedicated to <b>ONE TANK ONLY</b> . Assign a number to each tank by using the appropriate column, beginning with one (1) and proceeding as needed for the number of tanks at the facility. Attach additional sheets as needed. Owner-specified Tank Number blanks are provided to aid you in coordinating this Notification with your own tank numbering system. If this form is intended to change information for specific purposed not pertaining to certain tanks, simply check the box to indicate that no change is to be made for that tank since the last notification. Indicate the tank installation dates and capacities in the provided spaces.
<b>F.</b>	<b>Tank Status</b> Select <b>ONLY ONE</b> of the three boxes in this section. If the tank is currently empty, indicate the last substance to be stored in that tank. For a tank containing Hazardous Substances, indicate the common name of the substance and the correct identification number as appropriate. If a tank contains a petroleum and hazardous substance, indicate both substances separately. If a tank contains a mixture of hazardous substances fill in the circle provided.
<b>G.</b>	<b>Contents</b> Select <b>ONLY ONE</b> of the three boxes in this section. If the tank is currently empty, indicate the last substance to be stored in that tank. For a tank containing Hazardous Substances, indicate the common name of the substance and the correct identification number as appropriate. If a tank contains petroleum and a hazardous substance, indicate both substances separately. If a tank contains a mixture of hazardous substances fill in the circle provided.
<b>H. &amp; I.</b>	<b>Construction/Protection and Piping</b> If no changes are to be made for a tank, simply mark the box provided. For tank systems that have been modified, fill in all circles that <b>NOW</b> apply to that tank system.
<b>J.K.&amp;L.</b>	<b>Release Detection, Cathodic Protection and Spill/Overflow Control</b> Fill in all circles that apply in each of these sections for each tank. If a tank or tanks have specific leak detection/protection information that is not contained on this form, indicate the tank number(s) and the method(s) in the "Another Method" sections. <div style="text-align: right;">(CONTINUED ON REVERSE)</div>

<p align="center"><b>INSTRUCTIONS FOR THE NOTIFICATION FOR UNDERGROUND STORAGE TANKS (PAGE TWO)</b></p>	
<b>M.</b>	<p><u>Contractor Information</u> Fill in all circles that apply to the contractor who has done the current tank work for which the notification form is being submitted (installation, closure, or upgrade). If the form is being submitted for a reason other than these tank activities, tank contractor compliance information does not have to be provided and this part of this section may be left uncompleted.</p>
<b>N.</b>	<p><u>Certification of Financial Responsibility</u> Indicate the method of Financial Responsibility that is used to meet the deductive requirement for Excess Liability Fund eligibility. Fill in the circle(s) that apply for each method(s) being used to provide this coverage.</p>
<b>O.</b>	<p><u>Closure Request</u> Proposed Contractor - Submit the tank contractor information in the spaces provided. The contractor certification number must be provided to insure that the closure will be performed by a tank contractor certified by the Office of the State Fire Marshal. <u>LUST Incident Information</u> - If the tank(s) to be permanently closed are the source of a release or contamination, a Leaking Underground Storage Tank incident number must be obtained (call the IDEM LUST Section @ 317 233-6418) and submitted in the space provided.</p>
	<p><b>UST System Closure Report</b> Within 30 days of closure of any tank system, an UST System Closure Report must be received. Below is a listing of the information needed for the adequate completion of an UST System Closure Report.</p> <p><b>I. ENVIRONMENTAL SOIL/GROUNDWATER SAMPLING RESULTS</b> <u>Total Soil Samples</u> - total number of soil samples that have been lab tested (not to include field screened samples) <u>Map Locations &amp; Sample Results</u> - location and TPH level of the three highest recorded soil samples <u>Depth to Groundwater</u> - distance from the surface to groundwater in feet (only if groundwater is encountered during closure) <u>Groundwater Sample Results</u> - (only if groundwater is encountered) the constituent sampled for and where the sample was obtained <u>Parameters Analyzed (petroleum)</u> - parameters for all samples analyzed <u>Hazardous Substance</u> - type of substance and parameters for samples analyzed</p> <p><b>II. CURRENT SITE CORRECTIVE ACTION ACTIVITIES</b> If soil contamination present is greater than 100 ppm TPH or groundwater impact, contact IDEM @ 317 233-6418 for LUST incident reporting and site priority ranking. Visual/olfactory indications also accepted. Include in the report: <u>Priority</u> - site priority ranking given by IDEM at time of initial LUST incident reporting. <u>Current site activity</u> - Complete/Confirmatory if UST documentation supports "clean closure" (i.e. soil contamination &lt;100 ppm TPH. Check Limited Corrective Action if soil overexcavation and/or land treatment occurred.</p> <p><b>III. REQUIRED ATTACHMENTS</b> <u>Sample Information, Site Specific Maps, Miscellaneous Closure Documentation</u> - all are to be submitted with the UST System Closure Report. Further information can be found in the current UST System Closure Guidelines or by contacting the UST Section @ 317 233-6418.</p> <p><b>IV. RECOMMENDATIONS</b> This information should be completed by the contractor/ consultant who performed the UST closure. <u>Clean Closure</u> - if final soil contamination after UST closure is less than 100 ppm and no groundwater impacted. Proper documentation must be provided. <u>Limited Over-Excavation/On-Site Land treatment</u> - If not already performed during UST Closure. Maintain land treatment progress reporting. <u>20 Day Abatement Report</u> - if free product present during closure (see the LUST Site Investigation Report Guidelines). <u>LUST Site Investigation</u> - if soil/groundwater contamination not economically feasible and/or too extensive. Full contamination plume must be delineated. This report due in 45 days. (See compliance Schedule section in LUST General Information of UST Branch Guidance Manual).</p>
	<p><b>SUBSEQUENT DOCUMENTATION</b></p> <p>This instruction page has been designed to be removed from the Notification For Underground Storage Tanks Form upon completion. Please do not submit this page with your notification.</p> <p>All subsequent documentation, including continuation pages, Authorization to Act on Behalf of Owner certifications, maps, analytical results, and any other pertinent information required by activities described in this notification, must be attached to the back of this notification form. Please send the completed form and all attachments to the address located at the top of page one of this form. <u>All incomplete forms will be returned for correction and may hinder you compliance with federal and state rules.</u></p>

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
LEAKING UNDERGROUND STORAGE TANK SECTION  
INITIAL INCIDENT FACSIMILE COVER SHEET  
INDIANA GOVERNMENT CENTER NORTH N1255  
100 N SENATE AVENUE  
P.O. BOX 7015  
INDIANAPOLIS, INDIANA 46207-7015

IF EMERGENCY CONDITIONS EXIST AT THE SITE, YOU MUST CONTACT THE 24-HOUR  
EMERGENCY RESPONSE NUMBER AT (317) 233-7745 TO REPORT THE RELEASE.

TO: ENVIRONMENTAL SCIENTIST III	TELEFAX: (317) 233-0909
OFFICE/SECTION: OER/LUST	TELEPHONE: (317) 233-6418

COMPANY NAME:	
ADDRESS:	
FROM:	NUMBER OF PAGES: 2
TELEPHONE: ( )	TELEFAX: ( )

Upon receipt of your fax form, our office will contact you within two business days. We will provide you with an incident number and a site priority ranking. We may request further information to more accurately describe site conditions. If we do not contact you within the allotted time frame, please call our office directly. Please fill out the form completely.

THIS NOTIFICATION WILL BE CONSIDERED VALID  
WHEN YOU HAVE BEEN CONTACTED BY OUR OFFICE

**YOUR REPORT SUBMITTAL COMPLIANCE SCHEDULE BEGINS  
WITH INITIAL NOTIFICATION**

SIGNATURE: \_\_\_\_\_



**INITIAL INCIDENT REPORT/FACSIMILE FORM  
LEAKING UNDERGROUND STORAGE TANK PROGRAM  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

FACILITY NAME: \_\_\_\_\_ FACILITY I.D.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

RESPONSIBLE PARTY: \_\_\_\_\_ OWNER I.D.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**TANK(S) SIZE:      CONTAMINANT:**

____ GALLONS	GAS; KEROSENE; JET FUEL; DIESEL; WASTE OIL; VIRGIN OIL; HZD: _____
____ GALLONS	GAS; KEROSENE; JET FUEL; DIESEL; WASTE OIL; VIRGIN OIL; HZD: _____
____ GALLONS	GAS; KEROSENE; JET FUEL; DIESEL; WASTE OIL; VIRGIN OIL; HZD: _____
____ GALLONS	GAS; KEROSENE; JET FUEL; DIESEL; WASTE OIL; VIRGIN OIL; HZD: _____
____ GALLONS	GAS; KEROSENE; JET FUEL; DIESEL; WASTE OIL; VIRGIN OIL; HZD: _____

**LOCATION OF RELEASE(S):**

☐ TANK      ☐ PIPING LINE      ☐ JOINT CONNECTIONS      ☐ PUMP ISLAND  
☐ OTHER: \_\_\_\_\_

**KNOWLEDGE OF RELEASE(S) BY:**

☐ FAILED T.T.T.      ☐ INVENTORY LOSS (\_\_\_\_\_ gallons)

☐ DURING UST CLOSURE

☐ CATASTROPHIC SPILL (estimated quantity lost \_\_\_\_\_ (gallons)

☐ LONG-TERM OVERFILL

☐ HIGHEST LAB SAMPLE RESULT:

Soil TPH \_\_\_\_\_ ppm / Groundwater:    B \_\_\_\_ T \_\_\_\_ E \_\_\_\_ X \_\_\_\_ ppb

☐ OTHER: \_\_\_\_\_

**AFFECTED AREA(S):**

☐ BACKFILL (apx. \_\_\_\_ Cubic yds.) ☐ NATURAL SOILS ☐ GROUNDWATER

**PRELIMINARY FIELD DESCRIPTIONS:**

Dominant Soil Texture: \_\_\_\_\_ ☐ UNKNOWN

Groundwater:

☐ WATER TABLE DEPTH (\_\_\_\_ feet below grade) ☐ FREE PRODUCT (\_\_\_\_ inches/feet thick)

☐ UNKNOWN

**ALTERNATIVE REMEDIAL TECHNOLOGY PROPOSED:**

Soil:

☐ SOIL VAPOR EXTRACTION

☐ THERMAL STRIPPING

☐ MICROBIAL DEGRADATION

☐ SOIL FLUSHING

☐ ON-SITE LANDTREATMENT (apx. \_\_\_\_\_ Cubic yds.)

☐ LANDFILL (apx. \_\_\_\_\_ Cubic yds. to \_\_\_\_\_)

☐ OTHER: (\_\_\_\_\_)

☐ TO BE DETERMINED

**GROUNDWATER:**

☐ PUMP & TREAT

☐ AIR-SPARGING

☐ MICROBIAL DEGRADATION

☐ OTHER: (\_\_\_\_\_)

☐ TO BE DETERMINED

<b>CORRECTIVE ACTION PROGRESS REPORT</b>					
FACILITY NAME: _____ FACILITY I.D. NUMBER _____ ADDRESS: _____ CITY, COUNTY, ZIP: _____ IDEM PROJECT MANAGER: _____ INCIDENT NUMBER: _____  CONSULTANT COMPANY: _____ CONSULTANT NAME AND SIGNATURE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: (     ) _____					
<b>SITE INFORMATION</b>					
<b>CONTAMINANT(S):</b> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> GASOLINE</div> <div><input type="checkbox"/> KEROSENE</div> <div><input type="checkbox"/> JET FUEL</div> <div><input type="checkbox"/> DIESEL</div> <div><input type="checkbox"/> WASTE OIL</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> VIRGIN OIL</div> <div><input type="checkbox"/> NAPHTHA</div> </div> SELECTED CORRECTIVE ACTION FOR: <input type="checkbox"/> SOIL <input type="checkbox"/> GROUNDWATER <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> VAPOR EXTRACTION</div> <div><input type="checkbox"/> LAND FARM</div> <div><input type="checkbox"/> PUMP AND TREAT</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> AIRSPARGING</div> <div><input type="checkbox"/> BIOREMEDIATION</div> <div><input type="checkbox"/> OTHER</div> </div>					
<b>VOLUME TREATED</b>					
	Current Quarter		Cumulative Annual		
Total					
Free Product	_____	gallons	_____	gallons	
Groundwater	_____	gallons	_____	gallons	
Treated Soil	_____	cubic yards	_____	cubic yards	
Soils to Landfill	_____	cubic yards	_____	cubic yards	
Est. Lbs. of Voc's	_____	pounds	_____	pounds	
<b>CONTAMINATION CONCENTRATION MONITORING</b>					
Please fill in the lettered rows with the appropriate petroleum or hazardous constituents. Indicate Sample I.D. rows with the abbreviations for Monitoring Well as MW# and Soil Boring as SB#. Of the entire sampling mission, please submit only the three highest contaminant levels. The additional sampling information may be requested					
<b>SOIL:</b>					
Sample I.D.	unit	A _____	B _____	C _____	D _____
	s	_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
<b>GROUNDWATER:</b>					
Sample	unit	A _____	B _____	C _____	D _____

I.D.	s	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____						
<b>SUBMITTAL DEADLINES</b>		<b>FOR OFFICE USE ONLY</b>									
CURRENT REPORTING TYPE: <input type="checkbox"/> QUARTER <input type="checkbox"/> FINAL											
TODAY'S DATE ____/____/____											
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">REPORTING PERIOD</td> <td style="width: 50%;">DUE DATE</td> </tr> <tr> <td><input type="checkbox"/> August 16th-November 15th</td> <td>December 15th</td> </tr> <tr> <td><input type="checkbox"/> November 16th-February 15th</td> <td>March 15th</td> </tr> <tr> <td><input type="checkbox"/> February 16th-May 15th</td> <td>June 15th</td> </tr> <tr> <td><input type="checkbox"/> May 16th-August 15th</td> <td>September 15th</td> </tr> </table>						REPORTING PERIOD	DUE DATE	<input type="checkbox"/> August 16th-November 15th	December 15th	<input type="checkbox"/> November 16th-February 15th	March 15th
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## Wastewater/Drinking Water Plants

### WASTE WATER TREATMENT PLANTS

According to **327 IAC 3-2-1**, a valid construction permit issued by the IDEM Facility Construction Section is required to construct, install, or modify any water pollution treatment/control facility or sanitary sewer. This requirement applies to the construction or alteration of sewage treatment plants at rest areas and subdistrict/unit sites, sewer line extensions that do not meet the criteria of **327 IAC 3-2-4**, discharges of new pollutants that are not considered common "domestic" wastes, and additions of oil-water separators or pump stations to new or existing lines. A completed *Application for Water Pollution Control Facility Construction Permit* {attached} must be submitted to IDEM a minimum of sixty (60) days before the proposed starting date for construction. The application materials must include the following:

1. one set of construction plans and specifications capable of being microfilmed;
2. plans and specifications for wastewater treatment/ control facilities must be certified and sealed by a registered professional engineer, but plans and specifications for sanitary sewer connections may be certified by a registered land surveyor;
3. for projects other than sanitary sewer projects, an appropriate project design summary must be submitted which contains the following information: